PTO/SB/06 (08-03)
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| Under the Paperwork R PATEN                                                                                                                                                                                                 | eduction Act of 1995, no                               | FEE DETER                                   | ed to respond to<br>MINATION | a collection of inte<br>RECORD | mazion unter           | ונים בים מים | of or Doctor No            | ordral number.         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------|------------------------------|--------------------------------|------------------------|--------------|----------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                                                                                                                                     |                                                        |                                             |                              |                                |                        |              |                            | 540                    |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                              |                                                        |                                             |                              | SMALL ENTITY                   |                        | OR           | OTHER THAN<br>SMALL ENTITY |                        |
| FOR                                                                                                                                                                                                                         | NUMBERFAED                                             | MULTBE                                      | REXTRA                       | RATE                           | FEE                    |              | RATE                       | rec                    |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                               |                                                        |                                             |                              |                                | 5                      | Ots          |                            | S                      |
| TOTAL CLANIS<br>(37 CFR 1.16(c))                                                                                                                                                                                            | minus 20                                               |                                             |                              | x s=                           |                        | OR           | x 5                        |                        |
| INDEPENDENT CLAMS<br>(37 CFR 1.16(b))                                                                                                                                                                                       | adnus 3                                                |                                             |                              | x 5 •                          |                        | OR           | x s r                      |                        |
| MULTIPLE DEPENDENT CLAUX PRESENT (37 OFR 1,16(4))                                                                                                                                                                           |                                                        |                                             |                              | +5                             |                        | OR           | +5                         |                        |
| " If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                   |                                                        |                                             |                              | TOTAL                          |                        | OR           | TOTAL                      |                        |
| CLA                                                                                                                                                                                                                         | IMS AS AMENDED                                         | - PART II                                   |                              |                                | -                      |              |                            |                        |
| 2-18-15                                                                                                                                                                                                                     | (Calumn 1)                                             | (Calumn 2)                                  | (Cotumn 3)                   | SMALL 6                        | אדוורץ                 | OR           |                            | CTHAN<br>ENTITY        |
|                                                                                                                                                                                                                             | CLAIMS<br>REMAINING<br>AFTER                           | HIGHEST<br>NUMBER<br>PREVIOUSLY             | PRESENT<br>EXTRA             | RATE                           | ADDI-<br>FRONAL<br>FEE |              | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Total .                                                                                                                                                                                                                     | MENOMENE                                               | PAID FOR                                    | •                            | x \$=                          | 7,00                   | OR           | x \$ •                     | 1                      |
| MA Lora Liebil                                                                                                                                                                                                              | 9 Minus                                                | - a                                         | •                            | X 8 _ *                        |                        | OR           | x s=                       |                        |
| FIRST PRESENTATI                                                                                                                                                                                                            | OH OF MULTIPLE DEPEND                                  | 91 CLAN D7 CF                               | N 1.16(Q)                    |                                | 1                      | OR           | /                          |                        |
| 1,11,15,20,30,42,42                                                                                                                                                                                                         |                                                        |                                             |                              | Jood F                         | (                      | OR           | TOTAL PEE                  |                        |
| <u> </u>                                                                                                                                                                                                                    | (Column 1)                                             | (Column 2)                                  | (Column 3)                   | <del></del>                    |                        |              |                            |                        |
|                                                                                                                                                                                                                             | CLASMS REMAINING AFTER                                 | HIGHEST<br>HUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT                      | RATE                           | ADDI-<br>TIONAL        |              | RATE                       | ADOI-<br>TIONAL FEE    |
| MA Lorar references                                                                                                                                                                                                         | 17 Minus                                               | 69                                          | .0                           | X1                             |                        | ØR.          | × 3                        |                        |
| Z Independent '                                                                                                                                                                                                             | 9. Minis                                               | - 4                                         | 7                            | ×4                             | ,                      | 08           | × 5                        |                        |
| FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))                                                                                                                                                             |                                                        |                                             |                              | 11 2                           |                        | OR           | +3 :                       |                        |
| 1,11,15,23,30,42,47,53,59                                                                                                                                                                                                   |                                                        |                                             |                              | TOTAL<br>ADD'L FEE             | ·                      | OR           | TOTAL<br>ADD'L FEE         |                        |
| 1-1006                                                                                                                                                                                                                      | (Cotoma 1)                                             | (Catumn 2)                                  | (Column 3)                   |                                |                        |              |                            |                        |
| ONC                                                                                                                                                                                                                         | CLAIMS<br>REMAINING<br>AFTER<br>UNENDMENT              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAIQ FOR | PRESENT                      | RATE                           | ADDI-<br>TIONAL<br>FEE |              | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Total Cardinates Cardinates Cardinates                                                                                                                                                                                      | 62 Hinus                                               | :69                                         | • /                          | x 1                            |                        | OR           | z 1 =                      |                        |
| Cach right                                                                                                                                                                                                                  | 9 Miraus                                               | 7                                           | • // .                       | x.8                            |                        | OR;          | x s•                       | ·/                     |
| FORST PRESENTATION OF MALTURE OGPENDED CLAM (37 CFR 1,1450)                                                                                                                                                                 |                                                        |                                             |                              | +3                             |                        | OR           | + 5                        |                        |
| 111/5/23,301 42,47,53, TOTAL OR ADDIFEE                                                                                                                                                                                     |                                                        |                                             |                              |                                |                        |              |                            |                        |
| " If the "Highest No                                                                                                                                                                                                        | mn 1 is tess than the entr<br>mber Previously Paid For | HI THIS SPACE                               | is less than 20, o           | wher 20%                       |                        |              |                            | 1                      |
| "" If the "Highest Number Previously Paid For" of THIS SPACE is less than 3, ender "Z.  The "Michael Number Date in the Chief Care ( Variet or Internancement to the highest nember found in the promonant but in column 1. |                                                        |                                             |                              |                                |                        |              |                            |                        |

This collection of information is required by 37 CFR 1.16. The information is required betain or retain a benefit by the public which is to lite (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.16. This collection is estimated to take 12 minutes to complete including gathering, preparing, and automitting the completed application from to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete instead application from to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to to emplete this term and/or suggestions for reducing this burden, should be sent to the Chief Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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